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<b>SERIAL NUMBER</b> 10/808,211	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> SPE-15433
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*** *OK M.B.*  
 This application is a CIP of PCT/US03/18255 06/10/2003 and claims benefit of 60/456,552 03/24/2003 and claims benefit of 60/457,513 03/25/2003

**\*\* FOREIGN APPLICATIONS \*\*** *None M.B.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>M.B.</i> Initials <i>M.B.</i>				

**ADDRESS**  
7609

**TITLE**  
Surgical drape and method of use

<b>FILING FEE RECEIVED</b> 664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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